

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

INFORMATION: Death records have been maintained in the Office of the State Registrar of Vital Statistics since July 1, 1905

INSTRUCTIONS

1. Use a separate application blank for each different record of death for which you are requesting a certified copy. Send **\$8** for **each** certified copy requested. If no record of the death is found, the \$8 fee will be retained for searching as required by statute and a Certification of No Record will be sent.
2. Give all the information you have available for the identification of the record of the decedent in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
3. Complete the **Applicant Information** section.
4. Indicate the number of certified copies you wish and include with this application sufficient money, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the **Office of Vital Records**. The fee is **\$8** for each certified copy. Mail this application with the fee to the Office of Vital Records, 304 S Street, P.O. Box 730241, Sacramento, CA 94244-0241. You may also FAX your request and charge it to a credit card to: 1-800-858-5553 or (916) 442-6766 (out of country). There is an additional fee of \$7 for using the charge card service. If requested, express courier fee will be applied to credit card.

DECEDENT INFORMATION – PLEASE PRINT OR TYPE

Name of Decedent – First (Given)	Middle	Last (Family)	Sex
Place of Death – City or Town	Place of Death – County	Place of Birth	Date of Birth
Date of Death – Month, Day, Year (Or Period of Years to be Searched)		Social Security Number	
Mother's Maiden Name		Name of Spouse (Husband or Wife of Decedent)	

APPLICANT INFORMATION – PLEASE PRINT OR TYPE

Purpose for Which Certified Copy is to Be Used	Today's Date	Telephone Number – Area Code First ()	
Name of Person Completing Application (Please Print)	Signature (Person Requesting Record(s) or Cardholder, if Different)		
Address – Number, Street	City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	Number of Copies	Amount Enclosed	E-mail Address
Mailing Address for Copies, if Different From Above	City	State	ZIP Code
Credit Card # for FAX Orders	Expiration Date	Shipping Method: <input type="checkbox"/> Express Courier <input type="checkbox"/> Regular Mail	

DO NOT WRITE IN SPACE BELOW – FOR REGISTRAR ONLY**DEATH**